

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Advanced Medical Optics Inc Political Action Committee

ADDRESS (number and street)

2148 E. Orangeview Ln.

☐Check if different
than previously
reported. (ACC)

Orange

CA

92867

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00379719

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Edith Bennett

Signature of Treasurer

Electronically Filed by Edith Bennett

Date

04

11

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Advanced Medical Optics Inc Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		20944.38
(b) Cash on Hand at Beginning of Reporting Period	20944.38	
(c) Total Receipts (from Line 19)	9985.49	9985.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30929.87	30929.87
7. Total Disbursements (from Line 31)	8015.00	8015.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22914.87	22914.87
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Advanced Medical Optics Inc Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5731.64	5731.64
(ii) Unitemized	4253.85	4253.85
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	9985.49	9985.49
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	9985.49	9985.49
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9985.49	9985.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9985.49	9985.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		8000.00	8000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		15.00	15.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		8015.00	8015.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		8015.00	8015.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9985.49	9985.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9985.49	9985.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)

Anthony Amado

Mailing Address 16 Quailbush Dr.

City State Zip Code
 Fairport NY 14450

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMO

Occupation
Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.57

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5148

Amount of Each Receipt this Period

234.57

payroll deduction

B. Full Name (Last, First, Middle Initial)

Sheree Aronson

Mailing Address 24 Aguila Way

City State Zip Code
 Coto de Caza CA 92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMO

Occupation
VP Corp Comm.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.59

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5197

Amount of Each Receipt this Period

331.59

payroll deduction

C. Full Name (Last, First, Middle Initial)

Chris Calcaterra

Mailing Address 6 Michener Ln.

City State Zip Code
 Coto de Caza CA 92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Medical Optics

Occupation
VP, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.32

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5153

Amount of Each Receipt this Period

305.32

payroll deduction

SUBTOTAL of Receipts This Page (optional)

871.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
James Francese
Mailing Address 5574 E. Edinger Ave.

City State Zip Code
Anaheim CA 92807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Medical optics

Occupation
Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.87

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5200

Amount of Each Receipt this Period

208.87

payroll deduction

B. Full Name (Last, First, Middle Initial)
Tom E. Grosskopf
Mailing Address 22831 North 53rd St.

City State Zip Code
Phoenix AZ 85054

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMO

Occupation
Vice President Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.94

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5165

Amount of Each Receipt this Period

259.94

payroll deduction

C. Full Name (Last, First, Middle Initial)
Phillip E. Herig
Mailing Address 5305 Vista Lejana

City State Zip Code
Albuquerque NM 87111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Medical Optics

Occupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5167

Amount of Each Receipt this Period

250.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)

718.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)

James V. Mazzo

Mailing Address P.O. Box 25162

City State Zip Code
 Santa Ana CA 92799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Medical Optics

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5202

Amount of Each Receipt this Period

350.00

payroll deduction

B. Full Name (Last, First, Middle Initial)

Jonathan Patton

Mailing Address 5220 W. 157th Pl.

City State Zip Code
 Overland Park KS 66224

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMO

Occupation
Equipment Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

859.73

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5180

Amount of Each Receipt this Period

859.73

payroll deduction

C. Full Name (Last, First, Middle Initial)

Alan H. Peck

Mailing Address 9 Kimberry Dr.

City State Zip Code
 Brookfield CT 06804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Medical Optics

Occupation
Surgical Territory Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.01

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5181

Amount of Each Receipt this Period

237.01

payroll deduction

SUBTOTAL of Receipts This Page (optional)

1446.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jane Rady

Mailing Address 8 El Dorado Ln.

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Medical optics

Occupation

CVP Strategy & Technology

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5204

Amount of Each Receipt this Period

500.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)

Kevin J. Shearer

Mailing Address 4344 53rd Ave. NE

City

Seattle

State

WA

Zip Code

98105

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMO

Occupation

Senior Territory Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.94

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5186

Amount of Each Receipt this Period

744.94

payroll deduction

C.

Full Name (Last, First, Middle Initial)

Andris Stapars

Mailing Address 2602 Freeman Ct.

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Medical Optics

Occupation

Manager National Accounts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.41

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5208

Amount of Each Receipt this Period

210.41

payroll deduction

SUBTOTAL of Receipts This Page (optional)

1455.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)

Leeanne Swift

Mailing Address 25315 Plantation Dr. NE

City State Zip Code
 Atlanta GA 30324

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMO

Occupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.52

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5190

Amount of Each Receipt this Period

257.52

payroll deduction

B. Full Name (Last, First, Middle Initial)

Charles III Trenary

Mailing Address 3 Flax

City State Zip Code
 Coto de Caza CA 92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Medical Optics

Occupation
President Americas

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.14

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5213

Amount of Each Receipt this Period

447.14

payroll deduction

C. Full Name (Last, First, Middle Initial)

Vicki L. Williams

Mailing Address 6403 Arbor Rose Ln.

City State Zip Code
 Spring TX 77379

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMO

Occupation
Refractive Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.33

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5195

Amount of Each Receipt this Period

270.33

payroll deduction

SUBTOTAL of Receipts This Page (optional)

974.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
William H. Woodward

Mailing Address 1808 Pony Run Rd.

City State Zip Code
Raleigh NC 27615

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMO

Occupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.27

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.5196

Amount of Each Receipt this Period

264.27

payroll deduction

SUBTOTAL of Receipts This Page (optional)

264.27

TOTAL This Period (last page this line number only)

5731.64

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. ADVMED PAC

Mailing Address 1200 G STREET NW - SUITE 400

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.5218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. JON KYL FOR U S SENATE

Mailing Address PO BOX 10246

City
PHOENIX

State
AZ

Zip Code
85064

Purpose of Disbursement
Contribution

Candidate Name
JON KYL FOR U S SENATE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: SB23.5240

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City
BOISE

State
ID

Zip Code
83701

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District: 00

Transaction ID: SB23.5225

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. NORWOOD FOR CONGRESS

Mailing Address PO Box 499
PO BOX 499

City Evans State GA Zip Code 30809

Purpose of Disbursement
Contribution

Candidate Name
NORWOOD FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: SB23.5241

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROYCE CAMPAIGN COMMITTEE

Mailing Address P.O. Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: SB23.5219

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER COX CAMPAIGN COMMITTEE

Mailing Address P.O. Box 8088 PMB-C

City
Newport BeachState
CAZip Code
92660Purpose of Disbursement
Bank Administrative Fee

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

State: CA District: 48

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.5228

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional)

15.00

TOTAL This Period (last page this line number only)

15.00